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		Examiner Name		y D. Gibson	
		Attorney Docket Number		-01099 USO2_	
I hereby revoke all previous powers of attorney given in the above-identified application.					
A Power of Attorney is submitted herewith.					
OR  I hereby appoint the practitioners associated with the Customer Number: 54953					
Please change the correspondence address for the above-identified application to:					
The address associated with Customer Number: 54953					
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I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature Vist Toint					
Name Vict	bria Poissant				
Date July	29.2009	Telephone	(10/01)	140-4553	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					